

N00067375
Date Filed: 7/29/2015
Jason Kander
Missouri Secretary of State

*** SECTION 1, 3 & 4 ARE REQUIRED**

REPORT DUE BY: <u>8/31/2015</u>

N00067375
THE LOOP TROLLEY COMPANY
BENJAMIN UCHITELLE
41 CRESTWOOD DR
CLAYTON MO 63105

	ORGANIZED UNDER THE LAWS OF: <u>Missouri</u>
1	PRINCIPAL PLACE OF BUSINESS OR CORPORATE HEADQUARTERS: * C/o Ben Uchitelle (Required) <u>41 CRESTWOOD DR</u> STREET <u>Clayton MO 63105</u> CITY / STATE ZIP

2	<p>If changing the registered agent and/or registered office address, please check the appropriate box(es) and fill in the necessary information.</p> <p><input type="checkbox"/> The new registered agent _____</p> <p>IF CHANGING THE REGISTERED AGENT, AN ORIGINAL WRITTEN CONSENT FROM THE NEW REGISTERED AGENT MUST BE ATTACHED AND FILED WITH THIS REGISTRATION REPORT.</p> <p><input type="checkbox"/> The new registered office address _____</p> <p>Must be a Missouri address, PO Box alone is not acceptable. This section is not applicable for Banks, Trusts and Foreign Insurance.</p>
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	OFFICERS	BOARD OF DIRECTORS *																																												
	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST PRESIDENT AND SECRETARY BELOW</u>	NAME AND PHYSICAL ADDRESS (P.O. BOX ALONE NOT ACCEPTABLE). <u>MUST LIST AT LEAST THREE DIRECTORS BELOW</u>																																												
3	<table><tr><td><u>PRESIDENT</u></td><td>Sterman, Les</td></tr><tr><td>STREET</td><td>1121 Locust St.</td></tr><tr><td>CITY/STATE/ZIP</td><td>Apt 402 St. Louis MO 63101</td></tr><tr><td><u>SECRETARY</u></td><td>Adams, Joe</td></tr><tr><td>STREET</td><td>924 Wild Cherry</td></tr><tr><td>CITY/STATE/ZIP</td><td>University City MO 63120</td></tr><tr><td>STREET</td><td></td></tr><tr><td>CITY/STATE/ZIP</td><td></td></tr><tr><td>STREET</td><td></td></tr><tr><td>CITY/STATE/ZIP</td><td></td></tr></table>	<u>PRESIDENT</u>	Sterman, Les	STREET	1121 Locust St.	CITY/STATE/ZIP	Apt 402 St. Louis MO 63101	<u>SECRETARY</u>	Adams, Joe	STREET	924 Wild Cherry	CITY/STATE/ZIP	University City MO 63120	STREET		CITY/STATE/ZIP		STREET		CITY/STATE/ZIP		<table><tr><td><u>NAME</u></td><td>Tucci, Kim</td></tr><tr><td>STREET</td><td>1143 Mackland Ave.</td></tr><tr><td>CITY/STATE/ZIP</td><td>St. Louis MO 63110</td></tr><tr><td><u>NAME</u></td><td>Sehr, Tom</td></tr><tr><td>STREET</td><td>3863 Utah Place</td></tr><tr><td>CITY/STATE/ZIP</td><td>St Louis MO 63116</td></tr><tr><td><u>NAME</u></td><td>Windmiller, Rose</td></tr><tr><td>STREET</td><td>One Brookings Drive</td></tr><tr><td>CITY/STATE/ZIP</td><td>Campus Box 1191 St. Louis MO 63130</td></tr><tr><td><u>NAME</u></td><td></td></tr><tr><td>STREET</td><td></td></tr><tr><td>CITY/STATE/ZIP</td><td></td></tr></table>	<u>NAME</u>	Tucci, Kim	STREET	1143 Mackland Ave.	CITY/STATE/ZIP	St. Louis MO 63110	<u>NAME</u>	Sehr, Tom	STREET	3863 Utah Place	CITY/STATE/ZIP	St Louis MO 63116	<u>NAME</u>	Windmiller, Rose	STREET	One Brookings Drive	CITY/STATE/ZIP	Campus Box 1191 St. Louis MO 63130	<u>NAME</u>		STREET		CITY/STATE/ZIP	
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	The undersigned understands that false statements made in this report are punishable for the crime of making a false declaration under Section 576.060 RSMo. Photocopy or stamped signature not acceptable. *									
4	<table><tr><td>Authorized party or officer sign here</td><td><u>BENJAMIN UCHITELLE</u></td><td>(Required)</td></tr><tr><td>Please print name and title of signer:</td><td><u>BENJAMIN UCHITELLE</u></td><td>/ Officer</td></tr><tr><td></td><td>NAME</td><td>TITLE</td></tr></table>	Authorized party or officer sign here	<u>BENJAMIN UCHITELLE</u>	(Required)	Please print name and title of signer:	<u>BENJAMIN UCHITELLE</u>	/ Officer		NAME	TITLE
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Please print name and title of signer:	<u>BENJAMIN UCHITELLE</u>	/ Officer								
	NAME	TITLE								

REGISTRATION REPORT FEE IS: ___\$10.00 If filed on or before 8/31/2015 ___\$15.00 If filed after 9/30/2015 Corporation will be administratively dissolved if report is not filed by 11/29/2016

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

E-MAIL ADDRESS (OPTIONAL): ben.uchitelle@gmail.com